



Parental Consent Form & Medical Release

To be completed by children's ministry staff

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Event Date: _____ Event Timeframe: _____ until _____

Event Type: Sunday School Children's Church Awana Clubs
 Children's Choir Wisdom Tracker Club VBS
 Other (please specify: _____)

Event Coordinator: _____

Event Location: _____

Full Name of Child: _____

Name of Authorizing Parent: _____

Phone Numbers: Home: _____ Cell: _____

Other: _____

By signing below, I give my consent to the following:

1. My child has my permission to attend the event as outlined above.
2. My child has my permission to be a passenger in either a church owned vehicle or a vehicle owned by an approved children's ministry leader.
3. All children's ministry leaders (whether paid or volunteer) are released from any/all responsibility for accidental injuries sustained by my child in the transportation to/ from and during the event as outlined above.
4. Permission is given to any/all children's ministry leaders (whether paid or volunteer) to secure any/all emergency medical treatment for my child (as deemed necessary by a medical professional) without any prior contact with me before any such occurrence. I understand that every attempt will be made to contact me prior to any such emergency medical treatment.
5. My child (has) (does not have) my permission to be given "over-the-counter" temporary pain relief medication (i.e., ibuprofen, acetaminofen, etc.) if needed.

Printed Name of Authorizing Parent: _____

Signature of Authorizing Parent: _____ Date: _____